PHA Plans

Streamlined 5-Year/Annual Version

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226 (exp 05/31/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Madison County Housing Authority Streamlined 5-Year Plan for Fiscal Years 2005 - 2009 Streamlined Annual Plan for Fiscal Year 2005

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five-Year PHA Plan

Agency Identification

PHA Name: Madison County	Housin	g Authority PHA I	Number: NC17	5
PHA Fiscal Year Beginning:	(mm/yy	yy) 7/2005		
PHA Programs Administere Public Housing and Section 8 Number of public housing units: 40 Number of S8 units: 191	Section Number o	f S8 units: Number of	lic Housing Only of public housing units:	
PHA Consortia: (check box				
Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				
Information regarding any activity all that apply) Main administrative office of PHA development management PHA local offices Display Locations For PHA The PHA Plans and attachments (if Main administrative office of PHA development management PHA local offices Main administrative office of Main admini	Plans ar any) are a of the PHA nent office of the local of the Cou	A es nd Supporting Doc available for public ins A es al government anty government	cuments	
Public library PHA website Other (list below)				
PHA Plan Supporting Documents a Main business office of the PHA development managen Other (list below)	PHA nent office	es		
Stream	mlined	Five-Year PHA	Plan	

PHA FISCAL YEARS 2005 - 2009

[24 CFR Part 903.12]

A	B #		
Α.	1 / 1	CCI	Λn
/ 1 .	Mi	1221	VII

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

___ The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, PHAs ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

	PHA (Goal: Expand the supply of assisted housing
	Objec	tives:
	\boxtimes	Apply for additional rental vouchers: As NOFA's are issued
	\boxtimes	Reduce public housing vacancies:
		Leverage private or other public funds to create additional housing opportunities:
		Acquire or build units or developments
		Other (list below)
	PHA (Goal: Improve the quality of assisted housing
	Objec	
		Improve public housing management: (PHAS score)
		Improve voucher management: (SEMAP score)
		Increase customer satisfaction:
	$\overline{\boxtimes}$	Concentrate on efforts to improve specific management functions: Public Housing and
		Voucher Finance by providing staff training through an independent agency.
	\boxtimes	Renovate or modernize public housing units: Utilize CFP funds for unit improvement.
		Demolish or dispose of obsolete public housing:
		Provide replacement public housing:
		Provide replacement vouchers:
		Other: (list below)
\boxtimes	PHA (Goal: Increase assisted housing choices
	Objec	tives:
		Provide voucher mobility counseling:
	\boxtimes	Conduct outreach efforts to potential voucher landlords
		In annouse years about a resument stondards
		Increase voucher payment standards

PHA Name: Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009

PHA Name:Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009 HA Code: NC175

Streamlined Annual PHA Plan

PHA Fiscal Year 2005

[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

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	b. Criteria for Substantial Deviations and Significant Amendments PAGE 26
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B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, <u>PHA Certifications of Compliance with the PHA Plans and Related</u> <u>Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and</u> Streamlined Five-Year/Annual Plans;

<u>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</u> For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, *Certification for a Drug-Free Workplace*;

Form HUD-50071, <u>Certification of Payments to Influence Federal Transactions</u>; Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the PHA's Waiting Lists				
Waiting list type: (select one) ☐ Section 8 tenant-based ☐ WAITING LIST ☐ Public Housing ☐ Combined Section 8 an ☐ Public Housing Site-Ba	assistance (MCHA SEC	TION 8 VOUCHER PROC		
	# of families	% of total families	Annual Turnover	
Waiting list total	9		23	
Extremely low income <=30% AMI	4	44%		
Very low income (>30% but <=50% AMI)	4	44%		
Low income (>50% but <80% AMI)	1	12%		
Families with children	4	44%		
Elderly families	3	33%		
Families with Disabilities	2	22%		
Race/ethnicity		100% Caucasian		
Race/ethnicity				
Race/ethnicity				
Race/ethnicity				
Characteristics by Bedroom Size (Public Housing Only)				
1BR	4	44%		
2 BR	5	56%		
3 BR				
4 BR				
5 BR				
5+ BR				

	Housing Needs of Families on the PHA's Waiting Lists
	waiting list closed (select one)? No Yes
If yes:	How long has it been closed (# of months)?
	Does the PHA expect to reopen the list in the PHA Plan year? No Yes
	Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes
	NO LIES
B. St	rategy for Addressing Needs
	e a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public
housing	g and Section 8 waiting lists IN THE UPCOMING YEAR , and the Agency's reasons for choosing this
strateg.	··
(1) St	<u>trategies</u>
Need:	Shortage of affordable housing for all eligible populations
G	
	egy 1. Maximize the number of affordable units available to the PHA within its nt resources by:
	all that apply
	Employ effective maintenance and management policies to minimize the number of
	public housing units off-line
	Reduce turnover time for vacated public housing units
\exists	Reduce time to renovate public housing units Seek replacement of public housing units lost to the inventory through mixed finance
Ш	development
	Seek replacement of public housing units lost to the inventory through section 8
	replacement housing resources
\boxtimes	Maintain or increase section 8 lease-up rates by establishing payment standards that will
	enable families to rent throughout the jurisdiction
\boxtimes	Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
\bowtie	Maintain or increase section 8 lease-up rates by marketing the program to owners,
	particularly those outside of areas of minority and poverty concentration
\boxtimes	Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants
	to increase owner acceptance of program
	Participate in the Consolidated Plan development process to ensure coordination with
	broader community strategies Other (list below)
	Other (list below)
Strate	egy 2: Increase the number of affordable housing units by:
	all that apply
	Apply for additional section 8 units should they become available
financ	Leverage affordable housing resources in the community through the creation of mixed - the housing
	Pursue housing resources other than public housing or Section 8 tenant-based
	assistance.

PHA Name: Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009 Annual Plan for FY 2005 HA Code: NC175 Other: (list below) Need: Specific Family Types: Families at or below 30% of median Strategy 1: Target available assistance to families at or below 30 % of AMI Select all that apply \boxtimes Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing \boxtimes Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below) Need: Specific Family Types: Families at or below 50% of median Strategy 1: Target available assistance to families at or below 50% of AMI Select all that apply Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below) **Need: Specific Family Types: The Elderly Strategy 1: Target available assistance to the elderly:** Select all that apply Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available Other: (list below) Need: Specific Family Types: Families with Disabilities **Strategy 1: Target available assistance to Families with Disabilities:** Select all that apply Seek designation of public housing for families with disabilities Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing \boxtimes Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist families with disabilities Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strate	egy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:
Select i	f applicable
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
	egy 2: Conduct activities to affirmatively further fair housing
Select a	ıll that apply
	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
	Market the section 8 program to owners outside of areas of poverty /minority concentrations
	Other: (list below)
Other	Housing Needs & Strategies: (list needs and strategies below)
(2) Re	easons for Selecting Strategies
Of the pursue	factors listed below, select all that influenced the PHA's selection of the strategies it will e:
\bowtie	Funding constraints
$\overline{\boxtimes}$	Staffing constraints
	Limited availability of sites for assisted housing
	Extent to which particular housing needs are met by other organizations in the community
	Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
	Influence of the housing market on PHA programs
	Community priorities regarding housing assistance
	Results of consultation with local or state government
	Results of consultation with residents and the Resident Advisory Board
	Results of consultation with advocacy groups
	Other: (list below)

2. Statement of Financial Resources [24 CFR Part 903.12 (b), 903.7 (c)]

PHA Name:Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009 HA Code: NC175

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

	ial Resources: Sources and Uses	
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	121,531	OPERATIONS &
	10.102	MAINTENANCE
b) Public Housing Capital Fund	69,602	MODERNIZATION
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-	701,435	SECTION 8 VOUCHER
Based Assistance		ASSISTANCE
f) Resident Opportunity and Self-Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated	CFP03 11,978	MODERNIZATION
funds only) (list below)	CFP04 62,602	MODERNIZATION
		0.000
3. Public Housing Dwelling Rental Income	74,962	OPERATIONS &
		MAINTENANCE
4. Other income (list below)		
4 27 6 1 1 (4)		
4. Non-federal sources (list below)		
Total resources	1,042,110	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.12 (b), 903.7 (b)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

PHA Name: Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009

 Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to d.
 NO

			Site-Based Waiting Li	sts	
	Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics
-					
	at one time? 3. How many un based waiting list 4. Yes N	it offers may a ? No: Is the PHA	n applicant turn dowr	lopments to which far n before being remove anding fair housing corescribe the order, agre	ed from the site-
	complaint and des with the order, ag	scribe how use reement or con	of a site-based waiting applaint below:	g list will not violate	
d.	Site-Based Waiting 1	Lists – Coming	Year		
	-	•	more site-based waitikip to subsection (3)	ng lists in the coming Assignment	year, answer each
	1. How many site-	-based waiting	lists will the PHA op	erate in the coming ye	ear?
	2. Yes No		hey are not part of a pan)?	ased waiting lists new previously-HUD-appr	
	3. Yes No	o: May families If yes, how m	s be on more than one any lists?	e list simultaneously	
	based waiting li PHA r All PH Manag At the	sts (select all the main administra IA development gement offices a	nat apply)? ative office at management office:	site-based waiting lis	

 a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One Two
Three or More
b. ☐ Yes ☐ No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
(4) Admissions Preferences
 a. Income targeting: Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) Emergencies Over-housed Under-housed Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below)
c. Preferences 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)
Former Federal preferences: ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) ☐ Victims of domestic violence ☐ Substandard housing ☐ Homelessness ☐ High rent burden (rent is > 50 percent of income)
Other preferences: (select below) Working families and those unable to work because of age or disability

HA Code: NC175
 Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.
1 Date and Time
Former Federal preferences: 1
Other preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
 4. Relationship of preferences to income targeting requirements: The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements
(5) Occupancy

PHA Name: Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

PHA Nam HA Code:		ousing Authority	5-Year Plan for Fiscal Years: 2005 - 2009	Annual Plan for FY 2005
		dmissions and seminars or v	d (Continued) Occupancy policy written materials	
	that apply At an annual Any time fan At family req)	ion	amily composition? (select all
(6) De	<u>concentration</u>	and Income	Mixing	
a. 🗌	Yes 🛚 No:	development	A have any general occupancy (f is covered by the deconcentration iyes, continue to the next question	rule? If no, this section is
b. 🗌	Yes No:	below 85%	nese covered developments have to 115% of the average incomes ion is complete. If yes, list these able:	of all such developments? If
			ntration Policy for Covered Developn	
Develop	oment Name	Deconcer Number of Units	Explanation (if any) [see step 4 at \$903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
Develop	oment Name	Number of	Explanation (if any) [see step 4 at	Deconcentration policy (if no explanation) [see step 5 at
Develop	oment Name	Number of	Explanation (if any) [see step 4 at	Deconcentration policy (if no explanation) [see step 5 at
B. See	ction 8	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
B. See Exempti Unless of	ction 8 ions: PHAs that otherwise specifi	Number of Units do not administered, all question	Explanation (if any) [see step 4 at	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] sub-component 3B. ant-based section 8 assistance
B. See Exempti Unless of program	ction 8 ions: PHAs that otherwise specifi	Number of Units do not administered, all question	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)] expression 8 are not required to complete in this section apply only to the tens	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] sub-component 3B. ant-based section 8 assistance
B. See Exempti Unless of program (1) Eli	ction 8 ions: PHAs that otherwise specifi m (vouchers, and gibility at is the extent Criminal or d Criminal and More general pay any outst They must pa	do not administed ied, all question duntil complete drug-related according that anding debt only in full or signested by a policy of the control of the cont	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)] expression 8 are not required to complete in this section apply only to the tens	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] sub-component 3B. ant-based section 8 assistance certificates). all that apply) by law or regulation equired by law or regulation rity (list factors): Family must by other Housing authority.

PHA Name:Madison County Housin HA Code: NC175	g Authority 5-Year Plan for	Fiscal Years: 2005 - 2009	Annual Plan for FY 2005
	the PHA request cr or screening purpose		ocal law enforcement agencies
	s the PHA request cor or screening purpose		State law enforcement agencies
			om the FBI for screening CIC-authorized source)
e. Indicate what kinds of apply)	f information you sh	are with prospective	landlords? (select all that
Criminal or drugOther (describe b		0 1 1	name, address and phone
(2) Waiting List Organ	zation		
waiting list merged? None Federal public ho Federal moderate Federal project-b	(select all that apply using	ram	n 8 tenant-based assistance
(select all that apply) PHA main admin Other (list below)	istrative office) Applications may be p	icked up at the Health De	partment, Madison County nce shelter), and by mail upon
(3) Search Time			
unit	? es below: Document		O-day period to search for a and/or reasonable effort to
(4) Admissions Preferen	<u>aces</u>		
a. Income targeting			
more	-	v admissions to the se	ting requirements by targeting ection 8 program to families at
b. Preferences	10 W 30 /0 Of Incuran	area meome:	

PHA Nat HA Code	me:Madison County He: NC175	ousing Authority	5-Year Plan fo	r Fiscal Years: 2	2005 - 2009		Annual Plan for FY 200:	5
1. 🔀	Yes No:	based assi	stance? (oth	er than dat	e and time	of applica	o section 8 tenantation) (if no, skip nce programs)	
	nich of the follo (select all that a	-	-		-	_	ploy in the coming preferences)	g
Forme	er Federal prefe Involuntary D Inaccessibility Victims of do Substandard I Homelessness High rent bur	Displacement y, Property omestic violations onesing	Disposition) ence)		Action of	Housing Owner,	
Other	preferences (see Working family Veterans and Residents who Those enrolle Households the Households the Those previous Victims of rep	ilies and the veterans' factorized currently that contributed cont	ose unable to amilies or work in you in education te to meeting the to meeting d in education ate crimes	our jurisdic nal, training g income g g income r	etion g, or upwar goals (broad equirement	d mobility d range of ts (targetin	y programs incomes) ng)	
that re If you throug	presents your f give equal wei	irst priority ight to one one one one one one one one one on	r, a "2" in the or more of the ne same num	e box reprenese choice	esenting your es (either th	ur second rough an	ing a "1" in the sp priority, and so o absolute hierarchy you can use "1" m	n. y or
1	Date and Tim	ie						
Forme 1 1 1 1 1	er Federal prefe Involuntary D Inaccessibility Victims of do Substandard h Homelessness High rent bur	Displacement y, Property omestic violences nousing	Disposition)		nt Action,	Action of	Housing Owner,	
Other	preferences (see Working family Veterans and Residents who	ilies and the veterans' fa	ose unable to amilies			or disabi	lity	

PHA Name:Madison County Housing Authority HA Code: NC175 5-Year Plan for Fiscal Years: 2005 - 2009 Annu	al Plan for FY 2005
Those enrolled currently in educational, training, or upward mobility pro Households that contribute to meeting income goals (broad range of inco Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility pro Victims of reprisals or hate crimes Other preference(s) (list below)	omes)
 4. Among applicants on the waiting list with equal preference status, how are apselected? (select one) ☑ Date and time of application ☐ Drawing (lottery) or other random choice technique 	pplicants
 5. If the PHA plans to employ preferences for "residents who live and/or work is jurisdiction" (select one) This preference has previously been reviewed and approved by HUD The PHA requests approval for this preference through this PHA Plan 	n the
 Relationship of preferences to income targeting requirements: (select one) The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will targeting requirements 	meet income
(5) Special Purpose Section 8 Assistance Programs	
 a. In which documents or other reference materials are the policies governing elescation, and admissions to any special-purpose section 8 program administer contained? (select all that apply) The Section 8 Administrative Plan Briefing sessions and written materials Other (list below) 	•
 b. How does the PHA announce the availability of any special-purpose section the public? Through published notices Other (list below) 	8 programs to
4. PHA Rent Determination Policies [24 CFR Part 903.12(b), 903.7(d)]	
A. Public Housing Exemptions: PHAs that do not administer public housing are not required to complete sub-complete sub-co	oonent 4A.
(1) Income Based Rent Policies	
Describe the PHA's income based rent setting policy/ies for public housing using, including disc not required by statute or regulation) income disregards and exclusions, in the appropriate space	

a. Use	e of discretionary policies: (select one of the following two)				
	The PHA will <u>not employ</u> any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2)) The PHA <u>employs</u> discretionary policies for determining income-based rent (If selected, continue to question b.)				
b. Mii	nimum Rent				
1. Wha	at amount best reflects the PHA's minimum rent? (select one) \$0\$ \$1-\$25\$ \$26-\$50				
2.	Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?				
3. If ye	es to question 2, list these policies below:				
c. Re	nts set at less than 30% of adjusted income				
1.	Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?				
-	yes to above, list the amounts or percentages charged and the circumstances under which ese will be used below:				
	cich of the discretionary (optional) deductions and/or exclusions policies does the PHA on to employ (select all that apply) For the earned income of a previously unemployed household member. For increases in earned income. Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:				
	Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below:				
	For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)				

e. (Ceiling rents
1.	Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
	Yes for all developments Yes but only for some developments No
2.	For which kinds of developments are ceiling rents in place? (select all that apply)
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
3.	Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)
	Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below)
f. 1	Rent re-determinations:
cor	Between income reexaminations, how often must tenants report changes in income or family apposition to the PHA such that the changes result in an adjustment to rent? (select all that bly)
	Never At family option Any time the family experiences an income increase Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) Other (list below)
	Yes No: Does the PHA plan to implement individual savings accounts for residents As) as an alternative to the required 12 month disallowance of earned income and phasing in rent increases in the next year?

(2) Flat Rents

 a. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.) The section 8 rent reasonableness study of comparable housing Survey of rents listed in local newspaper Survey of similar unassisted units in the neighborhood Other (list/describe below)
B. Section 8 Tenant-Based Assistance Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub- component 4B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).
(1) Payment Standards
Describe the voucher payment standards and policies.
a. What is the PHA's payment standard? (select the category that best describes your standard) At or above 90% but below100% of FMR 100% of FMR Above 100% but at or below 110% of FMR Above 110% of FMR (if HUD approved; describe circumstances below)
 b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply) FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area The PHA has chosen to serve additional families by lowering the payment standard Reflects market or submarket Other (list below)
 c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply) FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area Reflects market or submarket To increase housing options for families Other (list below)
 d. How often are payment standards reevaluated for adequacy? (select one) Annually Other (list below)
 e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply) Success rates of assisted families

PHA Name:Madison County Ho HA Code: NC175	ousing Authority	5-Year Plan for Fiscal Years: 200	15 - 2009	Annual Plan for FY 2005
Rent burdens of Other (list below)		amilies		
(2) Minimum Rent				
a. What amount best \$0 \$1-\$25 \$26-\$50	reflects the	PHA's minimum rent?	(select one)	
		adopted any discretional yes, list below)	ry minimum rent	hardship exemption
5. Capital Impro [24 CFR Part 903.12(b), 9 Exemptions from Compor Component 6.	03.7 (g)]	eeds n 8 only PHAs are not require	red to complete this c	component and may skip to
A Conital Fund	A ativitica			
A. Capital Fund Exemptions from sub-concomponent 5B. All other	nponent 5A: F	PHAs that will not participate	in the Capital Fund	Program may skip to
(1) Capital Fund Pro	ogram			
a. Xes No	upcoming	HA plan to participate in year? If yes, complete it cam tables). If no, skip	tems 12 and 13 of	_
b. Yes No:	incurred to its annual a improvement financing v	HA propose to use any finance capital improve and 5-year capital plans ents will be made and should be used and the amodebt. (Note that separal activities.).	ements? If so, the the development(now both how the punt of the annual	e PHA must identify in (s) where such proceeds of the payments required to
B. HOPE VI and (Non-Capital Fun		ousing Developmer	ıt and Replace	ement Activities
		PHAs administering public placement activities not des		
(1) Hope VI Revitali	zation			

PHA Name:Madison County Ho HA Code: NC175	ousing Authority 5-Year Plan for Fiscal Years: 2005 - 2009	Annual Plan for FY 2005			
a. Yes No:	Has the PHA received a HOPE VI revitalization grant component; if yes, provide responses to questions or grant, copying and completing as many times as necessary.	chart below for each			
b.	Status of HOPE VI revitalization grant (complete on each grant) Development name: Development (project) number: Status of grant: (select the statement that best described and Revitalization Plan under development approximately Revitalization Plan submitted, pending approximately Revitalization Plan approved Activities pursuant to an approved Revitalization Plan approved Revitalization Pl	pes the current status)			
c. Yes No:	Does the PHA plan to apply for a HOPE VI Revitalize Plan year? If yes, list development name/s below:	zation grant in the			
d. Yes No:	Will the PHA be engaging in any mixed-finance developed public housing in the Plan year? If yes, list developed below:	-			
e. Yes No:	Will the PHA be conducting any other public housing replacement activities not discussed in the Capital Fu Statement? If yes, list developments or activities be	and Program Annual			
6. Demolition and [24 CFR Part 903.12(b), 9	903.7 (h)]				
Applicability of compone	nt 6: Section 8 only PHAs are not required to complete this sect	ion.			
a. Yes No:	Does the PHA plan to conduct any demolition or dis (pursuant to section 18 or 24 (Hope VI)of the U.S. H (42 U.S.C. 1437p) or Section 202/Section 33 (Manda the plan Fiscal Year? (If "No", skip to component 7 one activity description for each development on the	Iousing Act of 1937 atory Conversion) in 7; if "yes", complete			
	Demolition/Disposition Activity Description				
1a. Development name					
1b. Development (proje 2. Activity type: Demo					
2. Activity type: Defice Dispos					
3. Application status (s					
Approved					
_	Submitted, pending approval				
Planned application app	ation roved, submitted, or planned for submission: <u>(DD/MM/Y</u>)	Y)			
5. Number of units affe		<u>* /</u>			

HA Code: NC175 6. Coverage of action (select one) Part of the development Total development 7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity: 7. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program [24 CFR Part 903.12(b), 903.7(k)(1)(i)] (1) \(\sum \) Yes \(\sum \) No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.) (2) Program Description a. Size of Program ☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option? If the answer to the question above was yes, what is the maximum number of participants this fiscal year? b. PHA established eligibility criteria Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below: c. What actions will the PHA undertake to implement the program this year (list)? (3) Capacity of the PHA to Administer a Section 8 Homeownership Program The PHA has demonstrated its capacity to administer the program by (select all that apply): a. Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources. b. Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards. c. Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below). d. Demonstrating that it has other relevant experience (list experience below).

PHA Name: Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans,* which is submitted to the Field Office in hard copy—see Table of Contents.

9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2000 - 2004.

The Madison County Housing Authority is currently meeting or exceeding our previous goals as established in our 2000-2004 5 Year plan. Our goal remains to continue to improve the quality of living for our residents.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

- a. Substantial Deviation from the 5-Year Plan
 Madison County Housing Authority will subject to full public hearing and HUD review before
 implementation, any changes in the following policies: (1) Rent Determination Policy; (2)
 Admissions and Occupancy Policy; (3) Minimum Rent Policy; and (4) Section 8
 Administrative Policy.
- b. Significant Amendment or Modification to the Annual Plan
 Madison County Housing Authority will subject to full public hearing and HUD review before
 implementation, any changes in the following policies: (1) Rent Determination Policy; (2)
 Admissions and Occupancy Policy; (3) Minimum Rent Policy; and (4) Section 8 Administrative
 Policy.

C. Other Information

[24 CFR Part 903.13, 903.15]

(1)	Resident	Advisory	Board	Recommendations
------------	----------	----------	-------	-----------------

a. 🗌	Yes 🔀	No: Did the PHA receive any comments on the PHA Plan from the
		Resident Advisory Board/s?
If yes	, provide	the comments below:

b. In w	hat manner did the PHA address those comments? (select all that apply) Considered comments, but determined that no changes to the PHA Plan were
	necessary. The PHA changed portions of the PHA Plan in response to comments
	List changes below:
	List changes below.
	Other: (list below)
	sident Membership on PHA Governing Board
	erning board of each PHA is required to have at least one member who is directly assisted by the less the PHA meets certain exemption criteria. Regulations governing the resident board member
	d at 24 CFR Part 964, Subpart E.
a. Does	s the PHA governing board include at least one member who is directly assisted by
the PH.	A this year?
	N71
∐ Ye	s No:
If was	complete the following:
n yes,	complete the following.
Name o	of Resident Member of the PHA Governing Board:
T turne (of Resident Member of the FIFT Governing Board.
Method	d of Selection:
	Appointment
	The term of appointment is (include the date term expires):
	Election by Residents (if checked, complete next sectionDescription of Resident
	Election Process)
Docorio	ption of Resident Election Process
	ation of candidates for place on the ballot: (select all that apply)
	Candidates were nominated by resident and assisted family organizations
	Candidates could be nominated by any adult recipient of PHA assistance
	Self-nomination: Candidates registered with the PHA and requested a place on
	ballot
	Other: (describe)
	
Eligible	e candidates: (select one)
H	Any recipient of PHA assistance
H	Any head of household receiving PHA assistance Any adult recipient of PHA assistance
H	Any adult member of a resident or assisted family organization
H	Other (list)
Eligible	e voters: (select all that apply)

PHA Name HA Code:	e:Madison County Housing Authority NC175	5-Year Plan for Fiscal Years: 2005 - 2009	Annual Plan for FY 2005
	All adult recipien assistance)	ts of PHA assistance (public housi	ng and section 8 tenant-based
		f all PHA resident and assisted fan	nily organizations
	b. If the PHA governing by the PHA, why not?	board does not have at least one me	ember who is directly assisted
		ed in a State that requires the mem	bers of a governing board to
	The PHA has less to the resident adv	than 300 public housing units, has visory board of the opportunity to s notified by any resident of their int	serve on the governing board,
	Other (explain):		
	Date of next term expirat	ion of a governing board member:	
	for the next available pos	,	
	[24 CFR Part 903.15]	Consistency with the Consolidated	
	For each applicable Consolida necessary).	ted Plan, make the following statement (o	copy questions as many times as
	Consolidated Plan juris	diction: (provide name here) Sta	te of North Carolina
		e following steps to ensure consiste e jurisdiction: (select all that apply)	
		ed its statement of needs of familient the Consolidated Plan/s.	es on its waiting list on the
	The PHA has part	ticipated in any consultation procest Plan agency in the development of	-
		sulted with the Consolidated Plan	
	Activities to be un	ndertaken by the PHA in the comir and in the Consolidated Plan. (list be	<u> </u>
	Other: (list below	`	
b.	actions and commitmen North Carolina Consoli living environment and	of the jurisdiction supports the F its: (describe below) dated plan of the goals of provid expanding economic opportunit ithority's goals and objectives.	ling decent housing, suitable

(4) (Reserved)

Use this section to provide any additional information requested by HUD.

10. Project-Based Voucher Program

a.	Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.
b.	Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?
	If yes, check which circumstances apply: Low utilization rate for vouchers due to lack of suitable rental units Access to neighborhoods outside of high poverty areas Other (describe below:)
c.	Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

	List of Supporting Documents Available for Review							
Applicable	Supporting Document	Related Plan Component						
&								
On								
Display								
X	PHA Certifications of Compliance with the PHA Plans and Related Regulations and	Standard 5 Year and						
	Board Resolution to Accompany the Standard Annual, Standard Five-Year, and	Annual Plans; streamlined						
	Streamlined Five-Year/Annual Plans.	5 Year Plans						
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans						
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans						
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs						
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources						

	List of Supporting Documents Available for Review	1
Applicable	Supporting Document	Related Plan Component
& On Display		
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management
X	Public housing grievance procedures Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing

PHA Name:Madison County Housing Authority 5-Year Plan for Fiscal Years: 2005 - 2009 HA Code: NC175

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing				
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership				
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership				
X	Public Housing Community Service Policy/Programs ☐ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency				
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies. FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency Annual Plan: Community Service & Self-Sufficiency				
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency				
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency				
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☐ Check here if included in the public housing A & O Policy.	Pet Policy				
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit				
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia				
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia				
	Other supporting documents (optional). List individually.	(Specify as needed)				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annu	al Statement/Performance and Evaluation Re	eport					
Capit	al Fund Program and Capital Fund Program	Replacement Housin	g Factor (CFP/CFP)	RHF) Part I: Sumn	nary		
	ame: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number					
		Capital Fund Program Grant	t No: NC19P17550105		FY of		
		Replacement Housing Facto	or Grant No:		Grant: 2005		
Ori	ginal Annual Statement Reserve for Disasters/ Emer	rgencies Revised Annua	al Statement (revision no	:)	2003		
	formance and Evaluation Report for Period Ending:	⊠ Final Performance an		• /			
Line	Summary by Development Account	Total Estim		Total Act	ual Cost		
	, , , , , , , , , , , , , , , , , , ,	Original	Revised	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations						
3	1408 Management Improvements						
4	1410 Administration	5,766					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	7,928					
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	55,908					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1499 Development Activities						
19	1501 Collaterization or Debt Service						
20	1502 Contingency						
21	Amount of Annual Grant: (sum of lines $2-20$)	69,602					
22	Amount of line 21 Related to LBP Activities	0	0	0	0		
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0		
24	Amount of line 21 Related to Security – Soft Costs						
25	Amount of Line 21 Related to Security – Hard Costs						
26	Amount of line 21 Related to Energy Conservation Measures						

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

PART II: Supporting Pages PHA Name: MADISON COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NC19P17550105 Replacement Housing Factor Grant No:				Federal FY of Grant:2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity			Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA- WIDE	Construction Manager	1430	LS	\$7,928				
	Planning,Sundry,Salaries	1410	LS	\$5,766				
NC175-1	REPLACE ROOFS ON (5) SINGLE	1460	5	11,182				
	FAMILY DWELLINGS RENOVATE (5) BATHROOM	1460	5	44,726				
	TOTAL			\$69,602				

13. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: MADISON C	OUNTY HOUS	SING AUTHOR	Ca Re	placement Housing	No: NC19P1755010 Factor No:		Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	09/07			09/09			
NC175-1	09/07			09/09			

PHA Name				Monisiral 5 Vacua Diam	
PHA Name				⊠Original 5-Year Plan □Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 7/1/2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 07/1/2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 07/1/2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 07/1/2009
	Annual Statement				
NC175		\$55,908	\$55,908	\$55,908	\$55,908
PHA WIDE-OPERATIONS		\$13,694	\$13,694	\$13,694	\$13,694
CFP Funds Listed for 5-year planning		\$69,602	\$69,602	\$69,602	\$69,602
Replacement Housing Factor Funds					

	ital Fund Program Five							
Part II: Sup	pporting Pages—Work							
Activities		vities for Year :2006		Activities for Year: 2007				
for		FFY Grant: 2006			FFY Grant: 2007			
Year 1	PHA FY: 07/01/2006			PHA FY: 07/01/2007				
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost		
See	NC175	ROOFING	\$11,182	NC175	BATHROOMS	\$55,908		
Annual		BATHROOMS	\$44,726					
Statement								
		ADMIN	\$5,766		ADMIN	\$5,766		
		FEES & COST	\$7,928		FEES & COST	\$7,928		
	Total CFP Estimated	Cost	\$69,602			\$69,602		

Capital Fund Prog Part II: Supporting Page	gram Five-Year Actions s—Work Activities	n Plan					
	ities for Year :2008		Activities for Year: 2009				
	FY Grant: 2008		_	FY Grant: 2009			
	IA FY:7/01/2008			IA FY: 7/01/2009			
Development Name/Number		Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost		
NC175	BATHROOMS	55,908	NC175	BATHROOMS	55,908		
	ADMIN	5,766		ADMIN	5,766		
	FEES & COSTS	7,928		FEES & COST	7,928		
Total CFP Estin	. 10	\$ 69,602			\$ 69,602		

ATTACHMENTS CAPITAL FUND PROGRAM ANNUAL STATEMENTS:

- A. NC19P17550101
- B. NC19P17550102
- C. NC19P17550103
- D. NC19P17550203
- E. NC19P17550104

		ATTACHMENT A			
	al Statement/Performance and Evaluation Re	•			
Capit	tal Fund Program and Capital Fund Program	Replacement Housing	Factor (CFP/CFPRI	HF) Part I: Summa	ry
PHA N	ame: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number			Federal
		Capital Fund Program Grant N			FY of
		Replacement Housing Factor C	Grant No:		Grant: 2001
Ori	ginal Annual Statement Reserve for Disasters/ Emer	l roencies Revised Annual S	Statement (revision no.)		2001
	formance and Evaluation Report for Period Ending:	⊠ Final Performance and			
Line	Summary by Development Account				
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds			<u> </u>	*
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	5,300	5,300	5,300	5,300
5	1411 Audit	, i	,	,	,
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,800	7,800	7,800	7,800
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	46,979	53,237	53,237	53,237
11	1465.1 Dwelling Equipment—Nonexpendable	17,250	10,992	10,992	10,992
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	77,329	77,329	77,329	77,329
22	Amount of line 21 Related to LBP Activities	0	0	0	(
23	Amount of line 21 Related to Section 504 compliance	0	0	0	(
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	8,500	8,500	8,500	8,500
26	Amount of line 21 Related to Energy Conservation Measures	48,000	48,000	6,000	6,00

ATTACHMENT A

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: MADISO AUTHORITY			Grant Type and Number Capital Fund Program Grant No: NC19P17550101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001 Total Actual Cost Status of		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Es		Total Act	Total Actual Cost		
				Original	Revised	Funds Obligated	Funds Expended		
PHA- WIDE	Construction Manager	1430	LS	\$7,800	\$7,800	\$7,800	\$7,800	COMPLETE	
	Planning,Sundry,Salaries	1410	LS	\$5,300	\$5,300	\$5,300	\$5,300	COMPLETE	
NC175-1	Entrance Doors	1460	80	0	0	0	0		
	Security Screen Doors	1460	40	\$10,500	\$10,500	\$10,500	\$10,500	COMPLETE	
	Water Heater Replacement	1460	13	\$6,000	\$6,000	\$6,000	\$6,000	COMPLETE	
	Dwelling Equipment	1465	36	\$17,250	\$10,992	\$10,992	\$10,992	COMPLETE	
	Roofing	1460	2	\$30,479	\$36,737	\$36,737	\$36,737	COMPLETE	
	TOTAL			\$77,329	\$77,329	\$77,329	\$77,329		

ATTACHMENT A

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: MADISON C	HA Name: MADISON COUNTY HOUSING AUTHORITY			rant Type and Numb	er N. N.C.10P455501	Federal FY of Grant: 2001	
			(Capital Fund Program Replacement Housing	No: NC19P175501 Factor No:		
Development Number Name/HA-Wide Activities	Name/HA-Wide (Quarter Ending Date) Activities				Il Funds Expended uarter Ending Dat	Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	06/30/03		03/02	06/30/2005		09/04	
NC175-1	06/30/03		03/02	06/30/2005		09/04	

		ATTACHM	ENT B		
Ann	ual Statement/Performance and Evalua	ation Report			
	ital Fund Program and Capital Fund P	-	ot Uousing Footo	" (CED/CEDDHE) D	ant 1. Summary
	Name: MADISON COUNTY HOUSING AUTHORITY	Grant Type and Number	III Housing Pacio	r (Crr/Cri Kiii-) i	Federal FY of Grant:
'HA IN	ame: MADISUN COUNTY HOUSING AUTHORITY	Capital Fund Program: NC1	0D17550102		2002
	'	Capital Fund Program: INC I Capital Fund Program	981/330104		2002
	'	Replacement Housing F	Factor Grant No:		
Ori	iginal Annual Statement			Revised Annual Statement	(revision no:)
		Final Performance and Eva			,
Line	Summary by Development Account		mated Cost	Total	Actual Cost
No.					
'		Original	Revised	Obligated	Expended
	Total non-CFP Funds				
2	1406 Operations				
}	1408 Management Improvements				
	1410 Administration	5,300		5,300	5,300
	1411 Audit				
ó	1415 liquidated Damages				
'	1430 Fees and Costs	7,800		7,8000	7,800
}	1440 Site Acquisition				
)	1450 Site Improvement				
0	1460 Dwelling Structures	59,944		59,944	59,944
1	1465.1 Dwelling Equipment—Nonexpendable			0	0
2	1470 Nondwelling Structures				
3	1475 Nondwelling Equipment				
4	1485 Demolition				
5	1490 Replacement Reserve				
6	1492 Moving to Work Demonstration				
7	1495.1 Relocation Costs				
8	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	73,044		73,044	73,044
21	Amount of line 20 Related to LBP Activities				
2	Amount of line 20 Related to Section 504 Compliance				

	ATTACHMENT B									
Ann	Annual Statement/Performance and Evaluation Report									
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary									
PHA N	PHA Name: MADISON COUNTY HOUSING AUTHORITY Grant Type and Number									
		Capital Fund Program: NC19P17550102								
		Capital Fund Program								
		Replacement Housing F								
□Ori	ginal Annual Statement	Reserve for Di	isasters/ Emergencies \square Re	vised Annual Statement (re	vision no:)					
Perfor	mance and Evaluation Report for Period Ending: $\;\; igtriangle$	Final Performance and Eva	aluation Report							
Line	Summary by Development Account	Total Estin	mated Cost	Total Ac	tual Cost					
No.										
23	Amount of line 20 Related to Security	0								
24	Amount of line 20 Related to Energy Conservation	0								
	Measures									

ATTACHMENT B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Madiso	PHA Name: Madison County Housing Authority		mber		Federal FY of Grant: 2002			
		Capital Fund Progra	um #: NC19P1	7550102				
		Capital Fund Progra	ım					
	,		Iousing Factor #					
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Estin	mated Cost	Total Actual Cost		Status of
Number	Categories							Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
NC175	HOUSING AUTHORITY WILL	1410	LS	5,300		5,300	5,300	COMPLETE
IVY RIDGE	INCUR SUNDRY EXPENSES							
APTS.	ASSOCIATED WITH THEIS							
	MODERNIZATION & WILL CHARGE							
	A PORTION OF THE EXECUTIVE							
	DIRECTOR'S SALARY TO THE CFP							
	FOR ITS IMPLEMENTATION.							
NC175	ARCHITECTURAL FEES TO	1430	LS	1,000		1,000	1,000	COMPLETE
IVY RIDGE	PREPARE PLANS& BIDS, BID							
APTS.	OPENING, INSPECT CONTRACT							
	WORK, APPROVE PAYMENT, AND							
	PREPARE CLOSEOUT							
	DOCUMENTATION							
NC175	HIRE A CONSTRUCTION	1430	LS	6,800		6,800	6,800	COMPLETE
IVY RIDGE	MANAGEMENT CONSULTANT							
APTS.								
NC175	REPLACE COUNTER TOPS AND	1460	40	59,944		59,944	59,944	COMPLETE
IVY RIDGE	CABINETS							
APTS.								
	TOTAL			73,044		73,044	73,044	

	ATTACHMENT B Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)										
_ ·	Part III: Implementation Schedule										
PHA Name: MADISON COUTNY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NC19P17550102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002				
Development Number Name/HA-Wide Activities	(Qua	All Fund Obligated (Quart Ending Date) 03/31/2002		All Funds Expended (Quarter Ending Date) 09/30/2002			Reasons for Revised Target Dates				
NC175 IVY RIDGE APARTMENTS	Original 06/30/2004	Revised	Actual	Original 06/30/2006	Revised	Actual 04/04					

	ATTACHMENT C									
Ann	Annual Statement/Performance and Evaluation Report									
Cap	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary									
PHA N	Name: Madison County Housing Authority	Grant Type and Number			Federal FY of Grant:					
		Capital Fund Program: NC1	Capital Fund Program: NC19P17550103							
		Capital Fund Program								
		Replacement Housing F								
Origi	nal Annual Statement	☐Reserve for Disa	sters/ Emergencies 🏻 Revis	ed Annual Statement (revis	sion no: 1)					
☐Pe:	rformance and Evaluation Report for Period Ending:	☐Final Perform	ance and Evaluation Repor	t						
Line	Summary by Development Account	Total Estir	nated Cost	Total Ac	tual Cost					
No.										
		Original	Revised	Obligated	Expended					
1	Total non-CFP Funds				_					

		ATT	ACHMENT C		
Ann	ual Statement/Performance and Evalua	tion Report			
	ital Fund Program and Capital Fund P	_	acement Housing Fa	ctor (CFP/CFPRH	F) Part 1: Summary
	ame: Madison County Housing Authority	Grant Type and Nu	Federal FY of Grant:		
			ram: NC19P17550103		2003
		Capital Fund Progr			
			Housing Factor Grant No:		
	nal Annual Statement		for Disasters/ Emergencies		ent (revision no: 1)
	formance and Evaluation Report for Period Ending:		Performance and Evaluation	n Report	
Line	Summary by Development Account	T	otal Estimated Cost		Total Actual Cost
No.					
2	1406 Operations				
3	1408 Management Improvements				
1	1410 Administration	4,357	5,766	5,766	2,474.06
5	1411 Audit				
5	1415 liquidated Damages				
1	1430 Fees and Costs	6,461	7,928	7,928	5,261
}	1440 Site Acquisition				
)	1450 Site Improvement				
.0	1460 Dwelling Structures	49,281	22,405	22,405	22,405
.1	1465.1 Dwelling Equipment—Nonexpendable	0	24,000	24,000	23,561.82
.2	1470 Nondwelling Structures				
3	1475 Nondwelling Equipment				
4	1485 Demolition				
5	1490 Replacement Reserve				
6	1492 Moving to Work Demonstration				
.7	1495.1 Relocation Costs				
8	1498 Mod Used for Development				
9	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	60,099	60,099	60,099	45,274.03
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	0	0	0	0

	ual Statement/Performance and Evalua	-		CFP/CFPRHF) Par	t 1. Summary
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summ PHA Name: Madison County Housing Authority Grant Type and Number Capital Fund Program: NC19P17550103 Capital Fund Program Replacement Housing Factor Grant No: Grant Type and Number Capital Fund Program: NC19P17550103 Capital Fund Program Replacement Housing Factor Grant No:					
	nal Annual Statement	 _	<u> </u>	sed Annual Statement (revis	ion no: 1)
Pei	formance and Evaluation Report for Period Ending:	Final Perform	ance and Evaluation Repor	t	
Line	Summary by Development Account	Total Estin	mated Cost	Total Ac	tual Cost
No.					
24	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Madis	on County Housing Authority	Capital Fund Progra	ram #: NC19P17550103 ram Housing Factor #:			Federal FY of Grant: 2003 Total Actual Cost Status of		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estin	mated Cost	Total Ac	Total Actual Cost	
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
NC175 Ivy Ridge Apts.	HOUSING AUTHORITY WILL INCUR SUNDRY EXPENSES ASSOCIATED WITH THIS MODERNIZATION & WILL CHARGE A PORTION OF THE EXECUTIVE DIRECTOR'S SALARY TO THE CFP FOR ITS IMPLEMENTATION	1410	LS	4,357	5,766	5,766	2,474.06	IN PROGRESS
NC175 Ivy Ridge Apts.	HIRE A CONSTRUCTION MANAGEMENT CONSULTANT AND ARCHITECTURAL FEES TO PREPARE PLANS&BIDS, BID OPENING, INSPECT CONTRACT WORK, APPROVE PAYMENT, AND PREPARE CLOSEOUT DOCUMENTATION	1430	LS	6,461	7,928	7,928	5,261	IN PROGRESS
NC175 Ivy Ridge Apts.	REPLACE ROOFS ON (1) 4-UNIT BUILDING AND (4) SINGLE FAMILY DWELLINGS AND RENOVATE 5 BATHROOMS	1460	5	49,281	46,405	0	0	IN PROGRESS
NC175 Ivy Ridge Apts.	PURCHASE 24X40 MAINTENANCE BUILDING	1470	1	0	24,000	24,000	23,561.82	COMPLETE
	Total			60,099	60,099	60,099	45,274.03	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages										
PHA Name: Madis	on County Housing Authority	Grant Type and Nu Capital Fund Progr Capital Fund Progr Replacement 1	am #: NC19P17			Federal FY of	Grant: 2003			
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Estimated Cost Total Actual Co		Status of Proposed		
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work		

					CHMENT C		
Annual Statemen				-	omon4 House	ma Eastan	(CED/CEDDIIE)
Capital Fund Pro Part III: Implem	_	_	runa Prog	стані Керіас	ement nous	ing ractor	(CFP/CFPKHF)
PHA Name: MADISON O	COUNTY	Gra	nt Type and Nu		5 0102		Federal FY of Grant: 2003
HOUSING AUTHORITY		Cap	oital Fund Progra	m #: NC19P175. m Replacement Hou	sing Factor #:		
Development Number Name/HA-Wide Activities	Name/HA-Wide (Quart Ending Date) (Quarter Ending Date)			Reasons for Revised Target Dates			
	Original	Revised	Actual	Original	Revised	Actual	
NC175 IVY RIDGE APARTMENTS	12/31/2005			09/30/2007			

		ATTACH	IMENT D		
\nn	ual Statement/Performance and Eva				
		-	mant Hausing Factor (CED/CEDDITE) D	4 1. C
	ital Fund Program and Capital Fund			CFP/CFPKHF) Pa	
'HA N	ame: Madison County Housing Authority	Grant Type and Number			Federal FY of Grant: 2003
		Capital Fund Program: N Capital Fund Program	NC19P17550205		2003
			ing Factor Grant No:		
Origi	inal Annual Statement		Disasters/ Emergencies Rev	ised Annual Statement (r	evision no:
	rformance and Evaluation Report for Period Endin		nal Performance and Evaluati		, , , ,
ine	Summary by Development Account		Estimated Cost		Actual Cost
lo.	1				
		Original	Revised	Obligated	Expended
	Total non-CFP Funds				
	1406 Operations				
	1408 Management Improvements				
	1410 Administration				
	1411 Audit				
	1415 liquidated Damages				
	1430 Fees and Costs				
	1440 Site Acquisition				
	1450 Site Improvement				
)	1460 Dwelling Structures	11,978		0	0
	1465.1 Dwelling Equipment—Nonexpendable				
!	1470 Nondwelling Structures				
	1475 Nondwelling Equipment				
	1485 Demolition				
5	1490 Replacement Reserve				
<u> </u>	1492 Moving to Work Demonstration				
'	1495.1 Relocation Costs				
3	1498 Mod Used for Development				
)	1502 Contingency				
)	Amount of Annual Grant: (sum of lines 2-19)	11,978		0	0
	Amount of line 20 Related to LBP Activities	0		0	0

	ATTACHMENT D									
Ann	Annual Statement/Performance and Evaluation Report									
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary									
PHA N	PHA Name: Madison County Housing Authority Grant Type and Number Federal FY of Grant:									
	Capital Fund Program: NC19P17550203									
	Capital Fund Program									
		Replacement Housing F								
Origi	nal Annual Statement	Reserve for Disa	asters/ Emergencies $oxdot$ Revi	sed Annual Statement (revi	sion no:)					
⊠Pei	formance and Evaluation Report for Period Ending: 1	12/31/03	Performance and Evaluatio	n Report						
Line	Summary by Development Account	Total Esti	nated Cost	Total Actual Cost						
No.										
22	Amount of line 20 Related to Section 504 Compliance	0		0	0					
23	Amount of line 20 Related to Security	0		0	0					
24	Amount of line 20 Related to Energy Conservation Measures	0		0	0					

Attachment D

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Madison County Housing Authority		Grant Type and Number				Federal FY of Grant: 2003		
	, ,	Capital Fund Progra	am #: NC19P17	550203				
		Capital Fund Progra	am					
		Replacement I	Housing Factor #	:				
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Estir	nated Cost	Total Ac	tual Cost	Status of
Number	Categories							Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
NC175	REPLACE ROOFS ON (1) 4-UNIT	1460		11,978		0	0	IN
Ivy Ridge Apts.	BUILDING AND (4) SINGLE							PROGRESS
	FAMILY DWELLINGS AND							
	RENOVATE 5 BATHROOMS							
	Total			11,978		0	0	

				ATTA(CHMENT D		
Annual Statemen				-			
Capital Fund Pro	gram and	Capital F	und Prog	gram Replac	ement Housi	ing Factor	· (CFP/CFPRHF)
Part III: Implem							
PHA Name: MADISON C			Type and Nu		50000		Federal FY of Grant: 2003
HOUSING AUTHORITY				m #: NC19P175 m Replacement Hou			
Development Number		l Fund Obligat			ll Funds Expended		Reasons for Revised Target Dates
Name/HA-Wide Activities	(Qı	art Ending Da	ite)	(Q	uarter Ending Date	e)	
	Original	Revised	Actual	Original	Revised	Actual	
NC175 IVY RIDGE APARTMENTS	2/13/2006			2/13/2008			

	ATTAC	CHMENT E			
Annual Statement	t/Performance and Evaluation Report				
	gram and Capital Fund Program Replacement Housing Fac	ctor (CFP/CFPRHF)	Part I: Summary		
PHA Name: Madis		rant Type and Number			Federal FY
		Capital Fund Program Gr		104	of Grant:
<u> </u>		eplacement Housing Fac			2004
	al Statement Reserve for Disasters/ Emergencies Revis				
Performance and Line No.		formance and Evalu	ation Report mated Cost	T-4-1 A -	tual Cost
Line No.	Summary by Development Account	Original	Revised	Obligated	Expended
		Original	Kevised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	5,766			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,928			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	58,383			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	72,077			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504	0			
	compliance				
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard	0			
	Costs				
26	Amount of line 21 Related to Energy Conservation	0			
	Measures				

ATTACHMENT E

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Madiso	on County Housing Authority	Grant Type and Capital Fund Pr Replacement H	d Number rogram Grant No: ousing Factor Gra	NC19P17550104 ant No:	Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actu	Status of Work	
				Original	Revised	Funds Obligated	Funds Expended	
NC175-1	Roofing	1460	5	12,574				
	Renovate Bathrooms	1460	5	45,809				
	Subtotal			58,383				
PHA Wide	Administration	1410	LS	5,766				
	Fees and Costs	1430	LS	7,928				
	Subtotal			13,694				
	Grant Total			72,077				

ATTACHMENT E

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: Madison Cou			Type and Nur	nher			Federal FY of Grant: 2004
Authority	anty Housing	Capita	al Fund Progra cement Housin	m No: NC19P17550	rederair 1 of Grant: 2004		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)				ll Funds Expended uarter Ending Date	Reasons for Revised Target Dates	
Activities	Original	Revised	Actual	Original	Revised	Actual	
NC175-1	NC175-1 09/06		09/08				
PHA Wide	09/06			09/08			